

CLINICAL TRIALS LIABILITY POLICY – MEDEX

- POLICY WORDING -



(MAGMA HDI GENERAL INSURANCE COMPANY LIMITED)

CONTRACT OF INSURANCE

This Contract of Insurance is Insured by **MAGMA HDI GENERAL INSURANCE COMPANY LIMITED** as specified in the Policy Schedule.

The Insurer, in consideration of the payment of premium by the Policyholder and subject to all Terms Definitions Limits of Indemnity Exceptions Conditions and any Endorsements endorsed hereon will indemnify the Insured as provided herein

This Contract of Insurance is only valid if it bears the signature of the Insurer(s) listed in this Policy Schedule.

Date: 08.12.2023

Signed:

Authorised Signatory

For and on behalf of MAGMA HDI GENERAL INSURANCE COMPANY LIMITED

CLINICAL TRIALS LIABILITY POLICY - MEDEX

DEFINITIONS

(1) Bodily Injury means

accidental physical injury, illness, disease death mental anguish, shock, psychological injury, false arrest or invasion of rights of privacy

(2) Circumstances means

any circumstances of which the Insured shall become aware or ought reasonably to have become aware, that may reasonably have been expected to give rise to a Claim

(3) Claim means

(a) a civil proceeding in a court of law or equity commenced by the service of a Letter of Claim or a Claim Form, or equivalent documentation; or

(b) a written demand made by an attorney on behalf of the Research Subject for medical records; or

(c) a written demand for monetary damages or non-monetary relief; or

(d) an arbitration commenced by receipt of a written request, demand or invitation to arbitrate, or similar communication; or

(e) an invitation to enter into alternative dispute resolution; or

including, where applicable, any appeal therefrom.

(4) Clinical Trial means

any lawful clinical study or volunteer study which complies with the statutory requirements or guidelines of the relevant authority public or private body or regulatory authority in the country in which the Clinical Trial occurs.

(5) Compensation Agreement means

any agreement entered into between the Policyholder and any Research Subject

(a) in accordance with the New Drugs and Clinical Trial Rules, 2019 Compensation Guidelines (CT Rules)

or

- (b) any other agreement of like nature which provides for compensation for Bodily Injury and is notified to and agreed by the Insurers

(6) Deductible means

the first part of all compensation and claimant costs and expenses and Legal Costs payable in respect of each and every Claim and shown in the Policy Schedule to be borne by the Insured before the Insurers shall be liable to make any payment

(7) Employee means

- (a) any person under a contract of service or apprenticeship with the Policyholder
- (b) any of the following persons whilst working for the Policyholder
 - (i) any labour master or labour only subcontractor or person supplied by him
 - (ii) any self-employed person
 - (iii) any person who is borrowed by or hired to the Policyholder including persons on secondment from overseas countries
 - (iv) any person supplied to the Policyholder under a contract or agreement the terms of which deem such person to be in the employment of the Policyholder for the duration of such contract or agreement
 - (v) any trainee or person undergoing work experience
 - (vi) any voluntary helper

(8) Insured means

the Policyholder stated in the Policy Schedule and if the Policyholder so requests:

- (a) any partner director or Employee of the Policyholder against liability incurred in such capacity and in respect of which the Policyholder would have been entitled to indemnity under this Policy if the claim had been made against the Policyholder as though each partner director or Employee was individually named as the Insured in this Policy
- (b) any sub-contractor(s) nurse(s) doctor(s) consultant(s) physician(s) hospital(s) medical advisor(s) biotech advisor(s) or contract research organization(s) conducting any Clinical Trial(s) on behalf of the Policyholder against liability incurred in such capacity and in respect of which the Policyholder would have

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been entitled to indemnity under this Policy if the claim had been made against the Insured

- (c) any Institutional Review Board or Ethics Committee or its members that has approved a Clinical Trial(s) which is the subject of this Policy

but only in respect of liability for which the Policyholder would have been entitled to indemnity under this Policy if the Claim had been made against the Policyholder

(9) Insurers means

the entity or entities specified as such in the Policy Schedule.

(10) Interrelated Claims means

any one Claim or series of Claims or multiple Claims arising out of all occurrences of a series consequent upon or directly or indirectly attributable to one source or original cause or common underlying causes, whether or not occurring at the same time or location.

(11) Legal Costs means

all reasonable costs and expenses incurred by the Insurers or with their prior written consent

- (a) in connection with the defence of any Claim
- (b) for representation of the Insured
 - (i) at any coroner's inquest or fatal accident inquiry in respect of death
 - (ii) at proceedings in any court of summary jurisdiction or on indictment in any higher court in respect of any alleged breach of statutory duty resulting in any Occurrence

which may be the subject of indemnity under this Policy.

(12) Limit of Indemnity means

the maximum monetary amount as stated in the Policy Schedule that the Insurers shall be liable to pay as damages or compensation and claimants costs and expenses in respect of all Claims made under this Policy.

(13) Occurrence means

any accident or event including continuous or repeated exposure to the same general conditions which results in Bodily Injury or Property Damage.

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(14) Medical Expenses means

expenses for

- (a) necessary first aid administered at the time of the **Bodily Injury**;
- (b) necessary medical, surgical, x-ray and dental services, including prosthetic devices;
- (c) necessary ambulance, hospital, professional nursing and funeral services.

(15) Period of Insurance means

the period from inception to expiry of this Policy as stated in the Policy Schedule.

(16) Policyholder means

the person, entity or entities stated as such in the Policy Schedule.

(17) Property Damage means

accidental physical loss or physical destruction of or physical damage to material property other than loss of computer data.

(18) Research Subject means

any person participating in a Clinical Trial including in the event of their death their dependants heirs executors administrators and legal representatives.

(19) Retroactive Date means

the date stated as such in the Policy Schedule.

(20) Terrorism means

any act including, but not limited to, the use of force or violence or the threat thereof, by any person or group of persons (whether acting alone or on behalf of or in connection with any organisation or government) committed for political, religious, ideological or similar purpose, including the intention to overthrow or influence any government, whether or not legally constituted, or to put the public or any section of the public in fear.

(21) War means

war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, mutiny, revolution, rebellion, insurrection, uprising, military or usurped power or confiscation by order of any public authority or government de jure or de facto or martial law but not including Terrorism.

- (22)** You, Your, Yourself, his/her in the document means the Insured as set out in the Certificate of Insurance.
- (23)** We, Our, Ours, Us, Insurer means Magma HDI General Insurance Company Limited.

COVER

The Insurers will indemnify the Insured for all damages or compensation and claimants costs and expenses that they become legally obligated to pay by reason of law or under the terms and conditions of any Compensation Agreement in respect of any Claim made by any Research Subject for Bodily Injury or Property Damage caused by an Occurrence which happens after the Retroactive Date within the Territorial Limits shown in the Policy Schedule and arises out of the Clinical Trial(s) stated in the Policy Schedule

Provided that

- (a) any such Claim is first made in writing against the Insured and notified to the Insurers during the Period of Insurance or within the Extended Reporting Period stated in the Policy Schedule.
- (b) the Insurers liability shall not exceed the Limit of Indemnity specified in the Policy Schedule

The Insurers will also pay Legal Costs in addition to the Limits of Indemnity

LIMITS OF INDEMNITY

The Insurer's liability in respect of Claims are subject to the applicable Limit of Indemnity as specified in the Policy Schedule, which is the most the Insurers will pay in respect of all losses and Claims for the Period of Insurance. The liability of the Insurers shall be in excess of the applicable Deductible.

More than one Claim arising out of, or originating from, one common cause shall be regarded as an Interrelated Claim and shall be deemed to have been first made on the date on which the earliest such Claim was first made, or the date on which the Insurers received and accepted notice of any Circumstances underlying the Claim.

EXTENSIONS

(1) BREACH OF CONFIDENTIALITY

The Insurers shall indemnify the Insured against legal liability for damages and claimants' costs and expenses in respect of any unintentional breach of confidentiality committed in connection with a Clinical Trial, provided that the Claim in respect of such liability is first made against the Insured during the Period of Insurance and is notified to the Insurers during the Period of Insurance

(2) CROSS LIABILITIES

If more than one party is named as the Insured this Policy shall apply as though each was insured separately, provided that the Insurers liabilities to all parties indemnified shall not exceed in the aggregate the Limit of Indemnity shown in the Policy Schedule.

(3) EXTENDED REPORTING PERIOD

If the Insurers, for reasons other than outstanding unpaid premium, terminates or does not wish to renew this Policy, the Insured shall have an Extended Reporting Period following expiry of this Policy as set out in the Policy Schedule.

Under such Extended Reporting Period, the Insurers will indemnify the Insured for loss in accordance with the insuring clause, which is incurred as a result of any Claim otherwise insured under this Policy, provided that the act, error or omission giving rise to the Bodily Injury sustained by any Research Subject as a result of their participation in a Clinical Trial leading to such Claim takes place prior to the effective date of the cancellation or non-renewal (being during the Period of Insurance) and is subject to the general terms of this Policy.

The Insured will not be entitled to an Extended Reporting Period if the Insured is insolvent during the expiring Period of Insurance.

The Extended Reporting Period begins immediately following the end of the expiring Period of Insurance and ends on the earlier of 12.01am Local Standard Time on the last day of the Extended Reporting Period as set out in the Policy Schedule, or at the time on the effective date on which the Insured obtains insurance that covers substantially the same risk exposure as this Policy.

In no event shall any Extended Reporting Period operate to increase the Limits of Indemnity stated on the Policy Schedule and provided under this Policy

(4) MANSLAUGHTER DEFENCE COSTS

The Insurers will indemnify the Ethics Committee and any of its members in respect of reasonable costs and expenses incurred with the Insurers' prior written consent in the

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defence of any criminal proceedings brought (or in an appeal against conviction arising from such proceeding) as a result of manslaughter arising from any event which may be the subject of indemnity under this Policy, providing that:

- (a) the proceedings relate to an offence alleged to have been committed during the Period of Insurance in connection with the Clinical Trial(s) stated in the Policy Schedule.
- (b) the Insurers will not provide indemnity for
 - (i) any costs or expenses insured by any other policy
 - (ii) costs of investigation or enquiry other than where carried out on the instructions of a solicitor for the sole purpose of defending proceedings to which this Extension applies
 - (iii) proceedings brought in any country other than the Territorial Limits shown in the Policy Schedule
 - (iv) compensation ordered or awarded by a court of criminal jurisdiction
 - (v) proceedings consequent upon any deliberate act or omission
 - (vi) any fines or penalties

(5) MEDICAL EXPENSES

The Insurers will pay for Medical Expenses for Bodily Injury to any Research Subject arising directly or indirectly out of their participation in the Clinical Trial provided that:

- (a) the Bodily Injury is reported to the Insurers during the Period of Insurance
- (b) the Medical Expenses are incurred and reported to the Insurers within one year of the date of the Bodily Injury
- (c) the Research Subject submits to an examination, at the Insurers' expense, by medical providers of the Insurers choosing as often as the Insurers reasonably require.

The Insurers will pay these Medical Expenses regardless of fault, subject to the following Sub Limit of Indemnity and Deductible

Sub Limit of Indemnity

- (i) INR/USD/GBP/EUR XXXX any one Claim; and
- (ii) INR/USD/GBP/EUR XXXX in the aggregate for the Period of Insurance

Deductible

Nil

(6) NOTIFICATION OF AN EVENT OR CIRCUMSTANCE

If during the Period of Insurance the Insured shall give written notice to the Insurers in accordance with Condition (3) Claims Co-operation of this Policy of any specific event which the Insurers accepts may give rise to a Claim any Claim subsequently made against the Insured arising out of that event shall be deemed to have been first made against the Insured during the Period of Insurance regardless of when such Claim is actually made

Nothing contained within Extensions (1) to (6) above shall increase the liability of the Insurers to pay any amount in excess of the Limit of Indemnity specified in the Policy Schedule.

EXCLUSIONS

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The Insurers will not indemnify the Insured under this Policy for the following

(1) CONTINUED USE OF MEDICINAL PRODUCT

any liability arising out of a Research Subject's continued use of the medicinal product or device used during the Clinical Trial after the Clinical Trial has been completed.

(2) EMPLOYEES

any liability for Bodily Injury to any Employee unless such Employee is a Research Subject in the Clinical Trial(s) specified in the Policy Schedule

(3) EXISTING MEDICAL CONDITIONS / FAILURE TO PERFORM

any liability

(a) for Bodily Injury arising from the aggravation of existing health impairments or the deterioration of which would (on the balance of probabilities) have occurred or continued whether or not the Research Subject had participated in the Clinical Trial

(b) arising from any failure of any drug product or therapy under Clinical Trial to provide any therapeutic benefit

(4) FINES AND PENALTIES

any liability arising out of

(a) fines penalties or liquidated damages

(b) punitive exemplary or aggravated damages and/or any additional damages resulting from the multiplication of compensatory damages

(c) compensation ordered or awarded by any court of criminal jurisdiction.

(5) HIV / AIDS

any liability arising out of any condition directly or indirectly caused by contributed to or arising from Human Immune Deficiency Virus (HIV), Acquired Immune Deficiency Syndrome Related Complex (ARC), Acquired Immune Deficiency Syndrome (AIDS), viral Hepatitis or any other blood borne disease or infection or any mutation, derivation or variation thereof other than liability arising out of the drug, treatment or product administered to or used by any Research Subject in the course of a Clinical Trial

(6) INFORMED CONSENT

any Clinical Trial performed without the appropriate informed written consent of each

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Research Subject being obtained prior to the participation of each Research Subject in the Clinical Trial.

(7) KNOWN CIRCUMSTANCES

any Claim arising out of an Occurrence which the Insured were made aware of prior to the inception of this Policy.

(8) RADIOACTIVE CONTAMINATION

any liability in respect of any Bodily Injury or any legal liability of whatsoever nature directly or indirectly caused by or contributed to by or arising from:

- (a) ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel,
- (b) the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof

(9) REGULATORY APPROVAL

any liability arising out of a Clinical Trial that has not received the appropriate regulatory approval

(10) RETROACTIVE DATE

any liability arising out of an Occurrence which happened prior to the Retroactive Date.

(11) TSE/CJD

any liability arising out of any condition directly or indirectly caused by contributed to or arising from Transmissible Spongiform Encephalopathy (TSE) Creutzfeldt-Jakob Disease (CJD) variant Creutzfeldt-Jakob Disease (vCJD) or new variant Creutzfeldt-Jakob Disease (nvCJD).

(12) USA AND CANADA

any Claim made or suit brought against the Insured before any Court arbitrator or tribunal in the United States of America or Canada or in respect of the enforcement upholding or registration against the Insured by any Court arbitrator or tribunal outside United States of America or Canada for any damages awarded by any Court arbitrator or tribunal in United States of America or Canada

(13) WAR AND TERRORISM

any liability arising out of or in any way connected to War and Terrorism

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CONDITIONS

(1) ARBITRATION

This contract shall be governed and construed in accordance with the laws of India.

“The parties to the contract may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this policy. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.”

(2) CANCELLATION

This Policy may be cancelled at any time at the written request of the Insured. The Insurers shall, upon such cancellation, return a proportionate part of the premium in respect of the unexpired Period of Insurance from the effective date of cancellation

The Insurers shall, except in the case of non-payment of premium, give the Insured at the Insured's last known address thirty (30) days written registered mail notice of cancellation and, in the case of non-payment of premium, the Insurers shall give fifteen (15) days notice of cancellation.

(3) CLAIMS CO-OPERATION

It shall be a condition precedent to any liability of the Insurers to make any payment under this Policy that on the happening of any Claim or any Occurrence which may give rise to a Claim under this Policy, the Insured shall:

- (a) notify the Insurers in writing as soon as reasonably practicable, with full particulars.
- (b) make no admission of liability or offer promise of payment without the Insurers prior written consent.
- (c) inform the Insurers immediately of any impending prosecution inquest or fatal inquiry or civil proceedings and send to the Insurers every relevant document unanswered.
- (d) retain unaltered and unrepaired anything in any way connected with any Bodily Injury or Property Damage for as long as the Insurers may reasonably require.

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- (e) produce to the Insurers at the expense of the Insured such books of account or other business books or documents or such other proofs as may reasonably be required by the Insurers for investigating or verifying the Claim.

(4) COMPLIANCE WITH REGULATIONS

The Insured shall, as a condition precedent to their right to payment or indemnity fully comply with the statutory requirements, guidelines and approval requirements of the government or relevant regulatory authorities in so far as they relate to the Clinical Trial

(5) CONFIDENTIALITY

The Insured will not disclose the terms, conditions, exclusions, or the Limit of Indemnity of this Policy or the amount of the Premium paid to any third party except to the extent that they are required by law to do so or where the Insurers consent, in writing, to such disclosure.

(6) CYBER RISKS

This Policy excludes any Claim, loss, liability, expenses, defence costs and expenses or any other sums whatsoever caused by:

- (a) the alteration, modification, distortion, corruption of or damage to any computer equipment; or
- (b) any copying, provision or denial of access to, alteration, modification, distortion, erasure or corruption of electronic data;

whether Insured property or not, where such loss is directly or indirectly caused or contributed to by a Computer Malware, Virus or Similar Mechanism or Hacking or Phishing or Denial of Service Attack.

For the purpose of this Policy

- (i) **Computer Malware, Virus or Similar Mechanism** means any computer program or code, including but not limited to, any malicious software, file, virus, boot sector virus, macro virus, hostile applet, Trojan horse program, java virus, ActiveX virus, worm, logic bomb or other executable program or code which initiates an event on infected computer equipment, causing modification of or damage to data, memory or data media or otherwise adversely affecting the operation of or access to any information and communications technology system.
- (ii) **Denial of Service Attack** means any actions or instructions constructed or generated with the ability to damage, interfere with or otherwise affect the availability of networks, network services, network connectivity or information systems. Denial of service attacks include, but are not limited to the generation of excess traffic into network addresses, the exploitation of system or network

weaknesses and the generation of excess or non-genuine traffic between and amongst networks.

- (iii) **Hacking** means the unauthorised access to any computer or other equipment or component or system or item which processes stores or retrieves data, whether Insured property or not.
- (iv) **Phishing** means any access or attempted access to data or information made by means of misrepresentation or deception.

(7) Policy Renewal

The Insurer shall not be bound to accept any renewal premium nor give notice to the Insured that such renewal is due. No receipt for renewal premium is valid except on the official form issued by the Insurer. Under normal circumstances renewal will not be refused except on the grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation of the Insured. On renewal, the benefits provided under the Policy and/or terms and conditions of the Policy including premium rate may subject to change.

(8) FRAUDULENT CLAIMS

If the Insured or anyone acting on the Insured's behalf makes a fraudulent Claim under this Policy, the Insurers:

- (a) are not liable to pay the Claim;
- (b) may recover any part of the Claim already paid, from the Insured; and
- (c) may by notice to the Insured treat this Policy as having been terminated with effect from the time of the first fraudulent act, in which case Insurers are not liable to the Insured in respect of a relevant event occurring after that time and may retain any Premium.

these remedies shall not be available against any other entity insured under this Policy that was not implicated in the fraud

(9) GOVERNING LAW AND JURISDICTION

This Policy shall be governed by and construed in accordance with the laws of India, and the Courts of India shall have exclusive jurisdiction in respect of any dispute arising under this Policy, including any dispute as to the formation or validity of the Policy.

(10) INSURERS RIGHTS

- (a) The Insurers shall be entitled at their discretion to take over and conduct in the name of the Insured the defence or settlement of any Claim and to take proceedings at their own

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expense and for their own benefit but in the name of the Insured to recover compensation or secure indemnity from any third party in respect of any Bodily Injury or Property Damage to which this Policy applies and the Insured shall give all information and assistance required. Provided that all disputes which may arise between the Insurers and the Insured about the defence or settlement of any Claim or the operation of any Compensation Agreement or the amount to be paid thereunder shall be referred to arbitration in accordance with Condition (1) Arbitration, above.

- (b) the Insurers may at any time pay the Limit of Indemnity (less any sums already paid as compensation) or any lesser amount for which at the absolute discretion of the Insurers any Claim or all Claims caused by or arising out of or in connection with any one Clinical Trial can be settled. The Insurers will then relinquish control of such Claim or Claims and be under no further liability in respect thereof except for Legal Costs for which the Insurers have already agreed in writing to pay in respect of matters prior to the date of such payment

(11) OTHER INSURANCE

The Insurers will not indemnify the Insured (or any other party) in respect of liability which is insured by or would but for the existence of this Policy be insured by any other policy except so far as concerns any excess beyond the amount which would have been payable under such other insurance had this Policy not been effected.

(12) PREMIUM BASIS AND ADJUSTMENTS

If any part of the premium is based on estimates furnished by the Insured, the Insured shall keep an accurate record containing all relative particulars and shall allow the Insurers to inspect such record. The Insured shall supply such particulars as the Insurers may require within one month from the expiry of the Period of Insurance and the premium shall thereupon be adjusted by the Insurers subject to any minimum premium that may apply. If the Insured fails to supply such particulars within the period stated the Insurers shall be entitled to make a reasonable estimate of such particulars and adjust the premium accordingly.

(13) REASONABLE PRECAUTIONS

The Insured shall take all reasonable precautions to prevent accidents and prevent or cease any activity which may give rise to liability under this Policy and shall take all reasonable steps to observe and comply with all applicable statutory and regulatory requirements and professional guidelines and standards.

(14) SANCTIONS

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any Loss or Claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such Loss or Claim or provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United States of

America and/or any other applicable national economic or trade sanction law or regulations.

(15) SUBROGATION

In the event of any payment under this Policy the Insured (and thus the Insurers) shall be subrogated to all the rights of recovery thereof against any person or entity for the purpose of recovering the sum paid. The Insured shall provide all relevant instruments and documents necessary to secure such rights and the Insured shall do nothing the prejudice such rights.

(16) GRIEVANCE REDRESSAL MECHANISM:

Magma HDI General Insurance Company Limited aims to provide its clients with a high standard of service. Consequently, should We fail to meet Your expectations, We will aim to resolve Your concerns promptly and fairly.

In the first instance, any concerns should be directed to Your usual contact or to the manager of the department with which You usually deal. If We cannot resolve Your concerns within 1 working day, We will acknowledge Your complaint in writing within 7 working days and let You know when an answer might be expected.

If You remain dissatisfied with Our response, We have an escalation process for ensuring that a senior member of staff reviews Your complaint. You can invoke this by stating to the individual that is handling Your complaint that You wish to escalate it.

Alternatively, You may write to:

Chief Grievance Officer

Magma HDI General Insurance Co Ltd

EQUINOX BUSINESS PARK

UNIT NO. 1B & 2B, 2ND FLOOR, TOWER 3, LBS MARG, KURLA (WEST), MUMBAI-400070

E-mail- Gro@magma-hdi.co.in

Ph: 1800 266 3202

In case Your complaint is not fully addressed by Us, You may use the Integrated Grievance Management System (IGMS) for escalating the complaint to IRDAI. Through IGMS, You can register the complaint online and track its status. For registration, please visit IRDAI Website www.irdai.gov.in/

If the issue still remains unresolved, You may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. The details of the Insurance Ombudsman are available below:

Address & Contact Details of Ombudsmen Centers

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Office of the Ombudsman	Contact Details	Jurisdiction
AHMEDABAD	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU	Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka
BHOPAL	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal - 462 003. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh and Chattisgarh.
BHUBANESWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar - 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in	Odisha
CHANDIGARH	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.: 0172 - 2706196 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh
CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI - 600 018. Tel.: 044 - 24333668 / 24335284 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry)
DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh

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GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry
JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan
ERNAKULAM	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry
KOLKATA	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim and Andaman and Nicobar Islands.
LUCKNOW	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar,

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		Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar
MUMBAI	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane)
NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P- 201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PATNA	Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand
PUNE	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region)

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